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Practitioner's Docket No. 0005.15

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **John Patton et al.**

Application No.: 10/612,376

Group No.: 1615

Filed: 07/01/2003

Examiner: G. Kishore

For: METHODS AND COMPOSITIONS FOR THE PULMONARY DELIVERY OF INSULIN

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$1,020.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

**(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)**

I hereby certify that, on the date shown below, this correspondence is being

MAILING

— deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

— with sufficient postage as first class mail.

37 C.F.R. § 1.10⁴

— 11 "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

~~XX~~ facsimile transmitted to the Patent and Trademark Office, (703) 872-9306

Date:

Kathleen Horvath
Signature

Kathy Honnert
(type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

See Purposes
Only

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	OTHER THAN A SMALL ENTITY				ADDIT. FEE	
				RATE					
TOTAL	18	- 20	= 0	x \$ 50.00	=	\$			0.00
INDEP.	4	- 4	= 0	x \$ 200.00	=	\$			0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$ 0.00	=	\$		0.00
TOTAL								ADDIT. FEE	
								\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$1,020.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

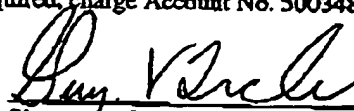
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 500348.

If an additional fee for claims is required, charge Account No. 500348.

Date: 21 APR 2005

Reg. No.: 45,302
Tel. No.: 650-631-3100
Customer No.: 21968



Signature of Practitioner
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Amendment Transmittal—page 2 of 2